RURAL DISTRICT OF DROXFORD

ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

AND

PUBLIC HEALTH INSPECTOR

for the year

1956

PETERSFIELD.
THE AITES & WATTS, LAVANT STREET.

RURAL DISTRICT OF DROXFORD

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DROXFORD RURAL DISTRICT COUNCIL

Northbrook House
Bishop's Waltham
Southampton

To the Chairman and Members
of the Droxford Rural District Council

I have the honour to present the Annual Report for the year 1956, on the health and sanitary circumstances of the Rural District of Droxford. It is drafted in accordance with the requirements of the Ministry of Health.

The estimated population showed an increase of 140.

Apart from an outbreak of measles in Wickham, there was very little infectious disease.

No case of diphtheria has been notified for the past four years. In the whole of England and Wales, during the year, there were fifty-one cases of diphtheria and only eight deaths occurred. These are the lowest figures ever recorded. Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection, preferably, just before school age.

The Food Hygiene Regulations came into force during the year ; it is too early to say whether there has been any general reduction in food poisoning as a result.

I should like to take this opportunity of thanking you all for your support and encouragement ; and I am grateful to the officers of other departments for their willing help and assistance at all times.

I also wish to record my grateful thanks to Mr. Lindley, the Chief Public Health Inspector, and to Mr. Potter and Mr. Wenden, the Additional Public Health Inspectors, for their valuable co-operation and assistance in compiling this Report.

S. Chalmers Parry

Medical Officer of Health Droxford Rural District Council

LEGISLATION

The only new legislation of public health significance, that was passed during the year, was the following :—

(1) Clean Air Act, 1956.

Certain provisions of this Act came into force on the 31st December, 1956.

The Act gives local Authorities new powers and duties in dealing with the prevention of air pollution.

The provisions of the Act brought into force, deal with the installation of new furnaces, the height of chimneys, smoke control areas, pollution from colliery spoil-banks and the making of byelaws dealing with domestic fire-places, more especially in smoke control areas.

Every local authority can declare a smoke control area in which only certain approved types of fuel may be used, and domestic grates must be adapted for the use of these fuels.

(2) Smoke Control Areas (Authorised Fuels) Regulations, 1956.

These regulations specify the approved fuels which may be used in a "smoke control area."

(3) Food and Drugs Act, 1955.

This consolidating Act came into force on 1st January, 1956.

(4) The Food Hygiene Regulations, 1955.

Made under the above Act came into force partly on 1st January and the remainder on 1st July, 1956. The regulations coming into force on 1st July were mainly those which required additions or alterations to premises.

(5) Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

This Act came into force on the 5th July, 1956. It provides regulations for protecting workers employed in agriculture against risks of bodily injury, or injury to health arising out of their work.

(6) Sanitary Inspectors (Change of Designation) Act, 1956.

An Act to abolish the name "Sanitary Inspector" and substitute "Public Health Inspector" in its place.

STATISTICS OF THE AREA

Area	62,747 acres
"Home" Population (Mid-1956) ...	20,560
Number of hereditaments (end of 1956 according to Rate books)	6,691
Rateable Value (31-12-1956)	£237,885
Sum represented by a penny rate	£962 19s. 10d.

NATURAL AND SOCIAL CONDITIONS OF THE AREA

Situated in the South-East corner of Hampshire, with the River Meon flowing from the North-East corner to the South-West corner and roughly dividing the district in halves, forming its most predominant geographical feature, the Rural District contains several well-known residential "Old World" villages.

Light engineering works are superseding the brick and tile works of earlier days, but the majority of the inhabitants rely on farming, fruit growing and market gardening for a livelihood. Improved road transport facilities and the demand for higher wages have induced many others to seek employment in the factories, dockyards and business premises of the neighbouring towns of Eastleigh, Southampton and the cities of Winchester and Portsmouth.

VITAL STATISTICS

Births	1956 M.	1956 F.	1956 Total	1955 M.	1955 F.	1955 Total
Live Births (Legitimate)	182	154	336	156	170	326
(Illegitmate)	11	5	16	11	12	23
Total Live Births ...			352		...	349

Live Birth Rate per 1,000 of the estimated population (mid-1956) was 17.1 compared with 15.7 for the whole of England and Wales.

	1956			1955		
	M.	F.	Total	M.	F.	Total
Still Births (Legitimate)	4	3	7	2	3	5
(Illegitimate)	–	–	–	–	1	1
Total Still Births		...	7		...	6

Still Birth rate per 1,000 total (live and still) births was 19.5 compared with 23.0 for the whole of England and Wales.

Deaths	1956			1955		
	M.	F.	Total	M.	F.	Total
From all causes ...	166	175	341	144	168	312

Death rate per 1,000 estimated population was 16.5 compared with 11.7 for the whole of England and Wales.

Maternal Mortality	1956	1955
Pregnancy, Childbirth and Abortion ...	Nil	Nil

Maternal Mortality rate per 1,000 total (live and still) births, 0.0.

Infant Mortality (deaths under one year).

	1956			1955		
	M.	F.	Total	M.	F.	Total
Legitimate ...	2	2	4	1	2	3
Illegitimate ...	–	–	–	–	–	–
Total Infant Deaths		...	4		...	3

The number of deaths of infants under the age of one year, per 1,000 live births, is known as the *infant mortality rate* for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it may then be considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been consistently lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period.

INFANT MORTALITY RATE (per 1,000 live births)

Year	Droxford Rural District	England and Wales
1940	52.1	53.6
1941	46.7	52.8
1942	47.1	52.0
1943	42.5	50.0
1944	33.2	46.6
1945	28.3	45.0
1946	28.5	42.0
1947	28.5	39.2
1948	26.3	35.9
1949	25.5	33.3
1950	23.7	30.6
1951	19.4	29.2
1952	15.0	27.8
1953	12.9	26.8
1954	12.1	25.76

The infant mortality rate for the year under review was 11.3 compared with 23.8 for the whole of England and Wales.

The corresponding figure for 1955 was 8.59 compared with 24.9 for England and Wales.

Causes of Death

		MALE	FEMALE	TOTAL
1	Tuberculosis of Respiratory System ...	2	1	3
2	Other forms of Tuberculosis ...	—	—	—
3	Syphilis	1	—	1
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal Infections	—	—	—
7	Acute Poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other Infective and Parasitic Diseases	—	—	—
10	Malignant Neoplasm, Stomach ...	3	4	7
11	„ „ Lung, Bronchus	8	—	8
12	„ „ Breast ...	—	4	4
13	„ „ Uterus ...	—	2	2
14	Other Malignant & Lymphatic Neoplasms	13	8	21
15	Leukæmia, Aleukæmia	—	—	—
16	Diabetes	—	1	1
17	Vascular Lesions of Nervous System ...	21	21	42
18	Coronary Disease, Angina	30	17	47
19	Hypertension with Heart Disease ...	4	10	14
20	Other Heart Disease	45	60	105
21	Other Circulatory Disease	1	8	9
22	Influenza	—	—	—
23	Pneumonia	8	8	16
24	Bronchitis	8	1	9
25	Other Diseases of Respiratory System ...	2	2	4
26	Ulcer of Stomach and Duodenum ...	1	—	1
27	Gastritis, Enteritis and Diarrhoea ...	—	1	1
28	Nephritis and Nephrosis	—	2	2
29	Hyperplasia of Prostate	1	—	1
30	Pregnancy, Childbirth, Abortion ...	—	—	—
31	Congenital Malformations	1	1	2
32	Other Defined and Ill-defined Diseases ...	10	13	23
33	Motor Vehicle Accidents	4	—	4
34	All other Accidents	1	10	11
35	Suicide	2	1	3
36	Homicide and Operations of War ...	—	—	—
		166	175	341

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Public Health Officers of the Authority

Medical Officer of Health :

S. CHALMERS PARRY, M.A., CANTAB., M.R.C.S., L.R.C.P., D.P.H.

Engineer, Surveyor and Chief Public Health Inspector :

F. LINDLEY, M.R.S.I., A.M.I.S.E., M.S.I.A.

Additional Public Health Inspectors :

H. W. POTTER, CERT.S.I.B.
H. L. WENDEN, CERT.S.I.B.

Laboratory Facilities

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.), and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. H. T. Findlay, Director of the Public Health Laboratory.

Some specimens in connection with cases of infectious diseases. which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74531).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester, or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples for chemical analysis are sent to the Public Analyst at "Spetchley," Cobden Avenue, Bitterne Park (Telephone, Southampton 55826).

Ambulance Facilities

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Hospital Car Service

The use of this service may be obtained through the Ambulance Officer (Telephone, Fareham 3626).

Small Pox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Beds Admission Office (Telephone, Winchester 2261).

Nursing and Health Visiting in the Homes and Clinics

The names and addresses of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table.

Names and addresses of Nurses	*District served*	*Names of Health Visitors*
MISS A. L. BROWN, S.C.M., 18 Penfords Paddock, Bishop's Waltham. (Tel. Bishop's Waltham 199)	Part of Bishop's Waltham and Waltham Chase	MISS B.M. WATSON S.R.N., S.C.M., R.S.H. Certificate *Tel. Bishop's Waltham 107
MISS J. STEVENS, S.R.N., S.C.M., 14 Folly Field, Bishop's Waltham. (Tel. Bishop's Waltham 330)	Part of Bishop's Waltham and Upham	
MRS. M. S. WILLS, S.R.N., S.C.M., 16 Elizabeth Road, Wickham. (Tel. Wickham 2277)	Shedfield except Waltham Chase Wickham and Boarhunt	
MISS A. L. BROWN, S.C.M., 18 Penfords Paddock, Bishop's Waltham. (Tel Bishop's Waltham 199)	Swanmore	MISS B.C. OSBORN, S.R.N., S.C.M., R.S.H. Certificate Orthopædic Nursing Certificate
MRS. K. M. ZOLLO, S.R.N., S.C.M., 2, Bere Road, Denmead. (Tel. Hambledon 49)	Denmead Hambledon and Southwick	*Tel. Portsmouth 31155
MISS V. G. CHADWELL, S.R.N., S.C.M., Q.N., R.S.H., Cert., U.S A. Mid Cert. 20 The Park, Droxford. (Tel. Droxford 210)	Soberton, Droxford, Meonstoke, Corhampton, Exton	MISS V. G. CHADWELL, S.R.N., S.C.M., Q.N., R.S.H. Certificate U.S.A. Mid. Cert. *Tel. Droxford 210
MISS F. R. MOORE, S.C.M., 14 Glenthorne Meadow, East Meon. (Tel. East Meon 63)	Warnford West Meon	MISS E. J. READ, S R.N., S.C.M. R.S.H. Certificate A.R.San.I., *Tel. W. Meon 315
MISS K. BRABROOK, S.R.N.,S.C.M.,Q N., The Crest, Widley. (Tel. Cosham 75477)	Widley	MISS D. V. ALLOWAY, S.R.N., Q.N., R.S.H. Certificate *Tel W'looville3516
MISS J. STEVENS, S.R.N., S.C.M., 14 Folly Field, Bishop's Waltham. (Tel. Bishop's Waltham 330)	Durley	MISS P. JENKINS, S.R.N., S C.M. R.S.H. Certificate *Tel. Wickham 2294
MISS D. STOYELL, S.C.M., Leehurst, Botley. (Tel. Botley 15)	Curbridge Curdridge	

* If the services of a Health Visitor are required, please telephone before 9 a.m. or after 5 p.m.

Child Welfare Centres

The following Child Welfare Centres in the Rural District are open for children under five years of age.

Centre	*Hall*	*Afternoons*
Bishop's Waltham ...	Youth Club	1st and 3rd Fridays
Denmead ...	All Saints' Church Room ...	4th Mondays
Droxford ...	Village Hall	1st Mondays
Durley ...	Memorial Hall	2nd Fridays
Hambledon ...	Women's Institute ...	2nd Mondays
Meonstoke ...	The Meon Hut	1st Tuesdays
Southwick ...	Manor Hall	4th Fridays
Swanmore ..	Parish Room	3rd Thursdays
Waltham Chase	Chase Hut	2nd and 4th Wednesdays
Wickham ...	Victory Hall	1st and 3rd Wednesdays

The following five centres, situate in adjoining districts, are available for children living near the boundaries of the district :—

Centre	*Hall*	*Afternoons*
East Meon ...	Institute Hut	1st and 3rd Thursdays
Fair Oak ...	Women's Hall	2nd and 4th Thursdays
Purbrook ...	Deverall Hall	2nd and 4th Wednesdays
Sarisbury ..	British Legion Hall ...	2nd and 4th Thursdays
Titchfield ...	Parish Hall	1st and 3rd Mondays

The work of the voluntary helpers, who assist the medical and nursing staff at the welfare centres, is greatly appreciated.

FAMILY PLANNING ASSOCIATION CLINICS

Advice on family planning is given at the following clinics, which are run on a voluntary basis, as the Service is not available under the National Health Service.

A lady doctor and sister are in attendance.

Area	Address of Clinic	Day	Time
Cosham ...	Child Welfare Centre, Northern Road ...	Every Wednesday ...	1.0 - 3.30 p.m.
Eastleigh ...	The Red House, 6 Romsey Road	Every Friday ...	2.0 - 4.0 p.m.
Fareham ...	County Council Health Centre, "Flying Angel," off West Street	1st and 3rd Mondays	5.0 - 7.0 p.m.
Portsmouth ...	Trafalgar Place, Clive Road, Fratton ...	Tuesdays ... Fridays	1.0 - 3.30 p.m. 7.0 - 9.0 p.m.
Winchester ...	The Hut (adjoining Trafalgar House), Trafalgar Street	2nd and 4th Tuesdays	2.0 - 3.30 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that a woman should, at her first attendance, take to the Clinic a letter from her own doctor.

*Tuberculosis

The following Chest Clinics are available to patients suffering from Tuberculosis :—

FAREHAM—The Chest Clinic, St. Christopher's Hospital, Wickham Road.
Telephone : Fareham 2263.

Wednesday	9.45 a.m.	Previous Patients by appointment.
	2.00 p.m.	New Patients.
		Evening Clinic (2nd in odd month only) by appointment.
Thursday	9.45 a.m.	Previous Patients by appointment.
	2.00 p.m.	A.P. Refills (weekly).

Chest Physician—Dr. J. Butterworth.

HAVANT—The Chest Clinic, Queen Alexandra Hospital.
Telephone : Cosham 79451. Extension 58.

Monday	9.45 a.m.	Previous Patients.
	2.00 p.m.	Previous Patients.
Wednesday	2.00 p.m.	New Patients.
Thursday	2.00 p.m.	A.P. Refills (weekly).
	5.00 p.m.	By appointment (2nd in month only).

Chest Physician—Dr. J. P. Sharp.

WINCHESTER—County Medical Department, Trafalgar Street.
Telephone : Winchester 4415. Extension 132.

Wednesday	10.00 a.m.	Previous Patients.
	2.30 p.m.	New Patients.
Thursday	9.30 a.m.	By appointment.
	1.30 p.m.	A.P. Refills at Royal Hants County Hospital.

Chest Physician—Dr. H. S. Fraser.

EASTLEIGH—The Mount Sanatorium, Bishopstoke.
Telephone : Eastleigh 2335.

Tuesday	9.30 a.m.	Previous Patients.
	2.00 p.m.	New Patients by appointment.
		Evening Clinic (every 2nd month only) by appointment.
Wednesday	10.00 a.m.	A.P. Refills.
Friday	9.30 a.m.	Previous Patients.

Chest Physician—Dr. D. C. Lillie.

*Venereal Diseases

Treatment is available at the following clinics : —

PORTSMOUTH—St. Mary's Hospital.

Males : 10 a.m. to 12 noon, Tuesdays.
5 p.m. to 7 p.m., Thursdays.

Females : 5 p.m. to 7 p.m., Mondays.
2 p.m. to 4 p.m., Wednesdays.
10 a.m. to 12 noon, Fridays.

SOUTHAMPTON—1 Cardigan Road (off New Road).

Males : 9 a.m. to 12 noon, and 5 p.m. to 7 p..m.
Monday, Tuesday, Wednesday, Thursday and Friday.
9 a.m. to 12 noon, Saturday.

SOUTHAMPTON—Health Centre, King's Park Road.

Females : 10 a.m. to 12 noon, Mondays.
2 p.m. to 4 p.m., Tuesdays.
2 p.m. to 6 p.m., Thursdays.
2 p.m. to 4 p.m., Fridays.

WINCHESTER—Royal Hants County Hospital.

Males : 10 a.m. to 12 noon, Saturdays.

Females : 2 p.m. to 4 p.m., Tuesdays.

SCHOOL HEALTH SERVICES

*Orthopaedic Clinics

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics :—

Alton — *Surgeon's Clinic*, held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10 a.m., and on Fridays at 2 p.m., *by appointment.*

Remedial Clinic, held at Lord Mayor Treloar Hospital, every Thursday morning and afternoon.

Winchester — *Surgeon's Clinic*, held at the Royal Hants County Hospital *by appointment* through Medical Records Officer.

Minor Clinic held at Trafalgar House, on fourth Fridays on odd months at 1.30 p.m.

Remedial Clinic, held at the Royal Hants County Hospital *by appointment*, through Medical Records Officer.

Fareham	*Surgeon's Clinic*, held at St. Christopher's Hospital, on third Tuesdays, even months, at 10 a.m.
	Minor Clinic, held at the County Health Centre, West Street, on third Wednesdays at 10 a.m.
	Remedial Clinic, held at the County Council Health Centre, on Mondays and Thursdays, all day.
Havant	*Surgeon's Clinic*, held at County Council Health Centre, Park Way, on fourth Tuesdays, even months, at 10 a.m.
	Minor Clinic, held at County Council Health Centre, on second Wednesday, each month, at 10 a.m.
	Remedial Clinic, held at County Council Health Centre, on Wednesdays, all day.
Petersfield	*Remedial Clinic*, held at County Council Health Centre, Love Lane, Petersfield, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.

*Ear, Nose and Throat Clinics

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital or Winchester Royal Hants County Hospital, and treatment is carried out there or at Petersfield.

*Ophthalmic Clinics

These are available, *by appointment*, through the County Medical Officer, at the following places :—

Winchester	Held at Trafalgar House.
Havant	Held at County Council Welfare Centre, Park Way.
Fareham	Held at County Council Health Centre, "The Flying Angel," West Street.
Petersfield	Held at County Council Health Centre, Love Lane, Petersfield.

*Orthoptic Clinics

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

Speech Therapy Clinics

Cases attend, *by appointment*, at the following centres :—

Winchester County Council Health Centre, every Monday and Friday, at 9.30 a.m. and 1.30 p.m.

Fareham Health Centre (Flying Angel), every Tuesday and Thursday, at 9.30 a.m. and 1.30 p.m.

Havant County Council Health Centre, on Wednesdays, at 9.30 a.m. and 1.30 p.m.

Child Guidance Clinic

Cases are seen, *by appointment*, at Trafalgar House, Winchester.

Psychiatric Out-patient Clinic—Monday, Tuesday, Wednesday and Friday, at 2.30 p.m., at Knowle Hospital. Wickham 3169.

Verminous Cleansing Clinics

Arrangements can be made for the treatment of special cases *by appointment*, at the following centres :—

Fareham County County Health Centre (Flying Angel), off West Street. (Telephone 3628).

Havant Potash Terrace. (Telephone 716).

Eastleigh County Council Health Centre, Red House. (Telephone 847981).

Petersfield County Council Health Centre, Love Lane.

Dental Clinics

These are held when required at :—

County Council Health Centre, Love Lane, Petersfield.

County Council Health Centre, Park Way, Havant.

4 The Square, Winchester.

County Council Health Centre (Flying Angel), off West Street, Fareham, *by appointment.* (Telephone, Fareham 3628).

County Council Health Centre, Chamberlayne Road, Eastleigh, *by appointment.* (Telephone, Eastleigh 874981).

The Manor School, Porchester, *by appointment.* (Telephone, Winchester 4411, Extension 102).

Also at other premises and schools as and when required.

* *These services are the responsibility of the Regional Hospital Board.*

List of Clinics most accessible to each Parish

PARISHES	Child Welfare	Chest	Orthopaedic	Ear, Nose and Throat	Eye	Speech	Verminous Cleansing	Dental
Bishop's Waltham ...	Bishop's Waltham	Winchester Fareham	Winchester Fareham	Winchester	Winchester Fareham	Winchester Fareham	Fareham Eastleigh	Winchester Fareham
Boarhunt ...	Southwick Wickham	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Corhampton & Meonstoke	Meonstoke	Fareham	Petersfield Fareham	Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham	Petersfield Fareham
Curdridge ...	Waltham Chase	Fareham Eastleigh	Fareham	Winchester	Fareham	Fareham	Fareham Eastleigh	Eastleigh
Denmead ...	Denmead	Cosham	Havant	Portsmouth	Havant	Havant	Havant	Havant
Droxford ...	Droxford	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Durley ...	Durley	Eastleigh	Eastleigh	Winchester	Winchester	Winchester	Eastleigh	Eastleigh
Exton ...	Meonstoke	Fareham	Petersfield Fareham	Winchester Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham	Petersfield Fareham
Hambledon ...	Hambledon	Cosham	Havant	Portsmouth	Havant	Havant	Havant	Havant
Shedfield ...	Waltham Chase	Fareham	Fareham	Winchester Portsmouth	Fareham	Fareham	Fareham	Fareham
Soberton ...	Droxford	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Southwick & Widley ...	Southwick	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Portchester
Swanmore ...	Swanmore	Fareham	Fareham	Winchester	Fareham	Fareham	Fareham	Fareham
Upham ...	Bishop's Waltham Fair Oak	Winchester	Winchester	Winchester	Winchester	Winchester	Eastleigh	Eastleigh
Warnford ...	East Meon Meonstoke	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield	Petersfield
West Meon ...	East Meon	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield	Petersfield
Wickham ...	Wickham Titchfield Sarisbury	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham

HOSPITALS

General

There are no General Hospitals within the district, but the following hospitals are available :—

The Royal South Hants Hospital, Southampton
(Telephone : Southampton 2620)

Children's Hospital, Southampton
(Telephone : Southampton 73924)

The Royal Portsmouth Hospital, Portsmouth
(Telephone : Portsmouth 2103)

St. Mary's Hospital, Portsmouth
(Telephone : Portsmouth 74531)

The Royal Hampshire County Hospital, Winchester
(Telephone : Winchester 5151)

Knowle Hospital, situated at Knowle in the Parish of Wickham, is administered by the Regional Hospital Board, Portsmouth. Kitnocks House, Curdridge (Telephone, Botley 253), and Corhampton House, Corhampton (Telephone, Droxford 20), which provide accommodation for old people from all parts of the county, are under the control of the County Council.

Infectious Diseases

There is no infectious diseases hospital in the district.

Any Infectious Diseases Hospital is available for the admission of cases occurring in the district. Patients are generally admitted to the Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 74531), or to the Victoria Isolation Hospital, Morn Hill, Winchester (Telephone Winchester 2048), which are under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

Sanatoria

Sanatoria for patients, suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital.

The Bed Admissions Office (Telephone, Winchester 2261) deals with the admission of these patients.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifiable Diseases

Particulars of the cases of Infections Diseases, which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table :—

Diseases	Total Cases Notified	Rate per 1,000 of the Population	
		Droxford R.D.	England & Wales
Dysentery ...	2	0.09	1·09
Measles	136	6·61	3·59
Pneumonia ...	3	0·14	0·56
Scarlet Fever ...	1	0·048	0·74
Whooping Cough ...	29	1·41	2·06
Puerperal Pyrexia ...	2	0·09	Not Known
Poliomyelitis ...	2	0·09	0·07

Only certain forms of pneumonia are notifiable.

An analysis of the total notified cases according to age groups is given below ;—

Age Group	Dysentery	Measles	Pneumonia	Scarlet Fever	Whooping Cough	Puerperal Pyrexia	Polio-myelitis
Under 1 year ...	—	2	—	—	1	—	—
1 - 2 years ...	—	7	—	—	3	—	—
2 - 3 „ ...	—	19	—	—	1	—	—
3 - 4 „ ...	—	8	—	—	2	—	1
4 - 5 „ ...	1	17	—	—	5	—	—
5 - 10 „ ...	1	80	—	1	16	—	—
10 - 15 „ ...	—	3	—	—	—	—	—
15 - 20 „ ...	—	—	—	—	—	1	—
20 - 35 „ ...	—	—	—	—	1	1	1
35 - 45 „ ...	—	—	—	—	—	—	—
45 - 65 „ ...	—	—	2	—	—	—	—
Over 65 „ ...	—	—	1	—	—	—	—
TOTALS ...	2	136	3	1	29	2	2

The following table shows the number of infectious diseases, notified during the year, and the parishes in which they occurred :—

Parish	Dysentery	Measles	Pneumonia	Scarlet Fever	Whooping Cough	Puerperal Pyrexia	Polio-myelitis
Bishop's Waltham ...	2	—	—	—	—	—	—
Boarhunt	—	1	—	—	4	—	—
Corhampton and Meonstoke	—	—	—	—	—	—	—
Curdridge	—	8	—	1	—	—	—
Denmead	—	9	—	—	—	—	—
Droxford	—	7	—	—	—	—	—
Durley	—	—	—	—	—	—	—
Exton	—	—	—	—	—	—	—
Hambledon	—	3	—	—	6	—	—
Shedfield	—	2	—	—	—	—	—
Soberton	—	7	—	—	1	—	—
Southwick and Widley ...	—	3	—	—	—	1	—
Swanmore	—	3	—	—	—	—	—
Upham	—	—	—	—	—	—	—
Warnford	—	—	—	—	—	—	—
West Meon	—	1	—	—	1	—	2
Wickham	—	92	3	—	17	1	—
TOTALS	2	136	3	1	29	2	2

FOOD HYGIENE

It should be constantly borne in mind by all concerned in the handling, preparation and storage of food—particularly by those who work in canteens or who serve food to large numbers—that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employer if he is suffering from any of the following conditions :—

(1) Diarrhoea or vomiting.

(2) Septic cuts or sores, boils or whitlows.

(3) Discharges from the ear, eye or nose.

(4) Any feverish illness.

A high standard of hygiene is a benefit to food traders for it attracts business ; whereas a low hygienic standard will obviously have the reverse effect.

Everyone has now become more clean food minded and, if any uncleanliness is observed in food premises, the customers generally complain to the management.

This new look in food hygiene is a good thing as it is of course all in the interest of the general public to encourage safer practices.

The hygiene standard of such shops and restaurants therefore lies to some extent in the hands of the customers.

The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous and, once contaminated, the hands will leave bacteria behind on everything they touch. "No touch" technique should be practised by all food handlers.

Cakes, boiled sweets, cooked food and *vulnerable foods* should be handled by tongs or servers and not fingered by the hands, which are never clean enough to handle food of this nature.

Vulnerable foods—which include pressed meat, brawn, meat-pies, stews, trifles, custards and synthetic cream—are normally quite safe when prepared. But they act as ideal breeding grounds for any dangerous germs that gain access and, if kept at warm temperatures, the germs will multiply very rapidly.

Made-up meat dishes and other vulnerable foods are easily contaminated and provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms are killed by heat and require air for their propagation, but there is another type of germ that is not killed by heat and produces its toxins in an atmosphere without oxygen—if the temperature conditions are suitable and the interval of time between the end of cooking and the consumption of food is sufficiently long.

This organisms is not uncommonly found in meat, so the sooner meat is eaten after cooking the less likelihood there is for cases of food poisoning from this source of infection to occur. These safety precautions are particularly important in the case of soups, stews, gravies, pies, etc., for they provide even better conditions for multiplication of the germs than solid meat.

A high standard of hygiene for food traders is best obtained by observing the following simple rules :—

(1) Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).

(2) Personal cleanliness of "food non-handlers."

(3) Proper storage and display of food at safe temperatures.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required ; instead of being left at room temperature overnight and then eaten cold or warmed up the next day.

But emphasis should rightly be placed on methods of preventing food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food poisoning organisms will multiply and produce food poisoning.

In a recent report, the Chief Medical Officer to the Ministry of Health stated :—

"The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food ; the risks are well-known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible."

In addition, the Health Department would be glad to receive complaints from the general public of unhygienic methods practised in any food shops.

The Food Hygiene Regulations, 1955, affect the owner or manager of any "food business" as well as anyone concerned in the actual selling or putting on sale, preparation, transport, packaging, wrapping, service or delivery of food.

As these Regulations only came into force during the year under review, it is still of course too early to say whether they have brought about any reduction in food poisoning.

EDUCATION IN FOOD HYGIENE

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets relating to food hygiene and the control of infectious disease.

There is still a need to keep the importance of food hygiene before the public eye for there has been no reduction in reported food poisoning in 1954. In fact, in his last Annual Report to the Ministry of Health, the Chief Medical Officer stated—"The number of incidents of food poisoning was 14% more than in 1953, sporadic cases increased by 12%, family outbreaks 49% and general outbreaks by 3%.

The principal source of infection is still the *made-up meat dish*, which is dangerous because of the time which elapses between its preparation and consumption."

Between 1950 and 1954, meat and meat dishes were presumed to have been responsible for as high as 64—79% of recorded outbreaks of food poisoning.

According to the report of the Public Health Laboratory Service (in 1956)—"Milk-borne diseases, which have been the bane of mankind in the past, are being replaced by food borne diseases and there were 8,961 food poisoning outbreaks in England and Wales during 1955 and incidence due to salmonellae have increased greatly.

The latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, but it will make little difference to the general picture so long as the distribution of food stuffs, contaminated with salmonellae, is allowed to continue.

Egg products are possibly one of the main sources of salmonellae in foods."

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonellae infections ; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But Infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"The principal source of infection is still the made-up meat dish which is dangerous because of the time which elapses between its preparation and consumption."

" Prevention of salmonella food poisoning depends on knowing more of the potential sources of contamination and is a long-term problem, otherwise the remedies for the elimination of food poisoning are simple and can easily be applied. From the continued high incidence of food poisoning however, it is evident that certain caterers still find difficulty in applying them."

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared four illustrated coloured posters which cover the four essentials of a good food handler :—

(1) " Wash your hands well."
(2) " Finger food as little as possible."
(3) " Cover all cuts and sores properly."
(4) " Cover food against flies."

PERSONAL PRECAUTIONS AGAINST POLIOMYELITIS

The World Health Organisation has issued six points for the personal protection of the public against poliomyelitis.

The six rules for the individual to observe are as follows :—

(1) Wash hands frequently, especially before eating.
(2) Protect food from flies, thoroughly wash uncooked food such as fruit and vegetables.
(3) Avoid intimate association such as shaking hands with families in which poliomyelitis has occurred within three weeks.
(4) Treat feverish illnesses with caution—bed rest, or at least avoiding over-exertion for a week is advisable.
(5) Avoid over-exertion.
(6) Avoid unneccessary travel to and from communities where the disease is prevalent.

ACCIDENTS IN THE HOME

A great many accidents that occur in the home can be prevented and it is a well known fact that burns and scalds form the chief group.

In a survey carried out by Dr. Leonard Colebrook on the prevention of burning accidents, four out of every five deaths from burns resulted from the clothing catching alight and there had been an increase of clothing burns from 36% during the 1945–50 interval to 50% in the 1951–55 period.

The changes in the clothing materials used by women and children from woollen, flannel and natural silk garments to the less closely woven cotton fabrics and artificial silks (rayons) have considerably increased the risk of serious burning accidents, for woollen and natural silks do not ignite easily and, even if they do catch fire, the flame does not spread rapidly. On the other hand, if the garment (e.g. nightdress) is made of light-weight cottons and rayons, contact with a flame or element of an electric fire for so short a time as two to four seconds is sufficient to ignite the material.

More than half the domestic burning accidents in which clothing catches fire are due to contact with unguarded coal, gas, electric or oil fires.

The greatest risk of burning injuries is to children under 14 and to people over 65. The accident rate between these ages is comparatively low.

Women and girls suffer about twice as many burning accidents as men and boys. Full-skirted loose garments present a much greater fire risk than narrow or close-fitting ones.

Dr. Colebrook and his colleagues have repeatedly called attention to the matter, stressing the danger of not only unguarded heating appliances but also of highly flammable clothing materials. As a result, in 1956, specifications for a standard guard for coal fires were issued by the British Standards Institution, and this will certainly help to reduce the risk of clothing accidents in homes ; but the menace of highly flammable clothing still remains.

To deal with this matter a special Committee was set up in 1956 by the British Standards Institution and it has published its report (The Flammability of Apparel Fabrics in relation to Domestic Burning Accidents) which incorporates the preliminary work of Lawson (in the laboratories of the Fire Research Organisation and the Department of Scientific and Industrial Research) on the different methods of assessing the flammability risks associated with various clothing fabrics.

By an ingenious device, Lawson and his research workers measured accurately the time taken for flame to travel vertically upwards over 100 inches of the material under test and so established the "flame resistance rating" for a large number of fabrics. Broadly speaking there were three catagories :—

(1) The very lightweight materials such as organdie.

(2) The medium weight cottons and viscose rayons, including flannelette and winceyette and mixtures of these with wool.

(3) The medium and heavy-weight woollens, natural silks, nylons and "Terylene" (if untreated with flammable finishes) and some flame-proofed fabrics.

A subsequent investigation of 82 garments, which had been involved in clothing burns, showed that the majority were of materials in the middle group.

Few burns had been caused by the most flammable materials—not because these are not dangerous, but because they are seldom worn by comparison with those materials included in the middle group, many of which are in daily use (e.g. children's nightdresses and women's dresses).

The Committee considered whether all clothing fabrics offered for sale should in future be graded according to their flammability rating, but finally decided that any scheme for the detailed grading of fabrics according to their flame-resistance ratings would be misleading and dangerous, as an indication of higher or lower flame resistance might engender a false sense of security and lead to the neglect of essential safety precautions.

Instead, it concluded that a standard of durable flame-resistance of fabrics should be established, and goods offered for sale to the public as flame-resistant should be warranted as such, and identified accordingly.

The only relatively safe fabrics would be those defined as "flame-resistant." Fabrics so marked will not of course be guaranteed as completely non-combustible (all fabrics will burn if exposed long enough to sufficient heat) for garments made from them will burn so slowly that the wearer will have a good chance of putting out the flame before it has spread enough to cause a serious burn.

Chemical processes which render garment fabrics flame-resistant or flame-proof should be developed and promoted as widely as possible. This action would bring many cottons and rayons within the safety zone.

The report stresses the necessity of guards for all heating appliances (coal, gas, electric and oil burning heaters)—especially with regard to electric and gas fires bought before the Fireguard Act came into force, and the need for care with flammable liquids, matches, defective electrical appliances and connections.

The Committee also recommends that the attention of the public should be drawn to the special fire risk involved by children and also by the old and infirm—especially at times of festivity and excitement and when long, loose fitting clothing is worn, as this might easily catch fire or make the wearer trip on an igniting source. They consider that the number of burning accidents would be substantially reduced by the general adoption of pyjamas instead of nightdresses for children.

International Travel

International travellers, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Pathological Laboratory of the Royal South Hants and Southampton Hospital, Exmoor Road, Southampton, on Tuesdays, by appointment (Telephone, Southampton 26211).

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

VACCINATION

Outbreaks of smallpox in this country only arise nowadays from the importation of the disease from abroad. The speed of air travel makes the task of prevention particularly difficult, so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

In the most recent Ministry of Health Report, the general position regarding infant vaccination is summarised as follows :—

> " On the coming into operation of the National Health Service Act in 1948, compulsory powers for infant vaccination ceased and were replaced by voluntary arrangements under the terms of Section 26 of the Act. This led to an immediate fall in acceptances which were estimated in 1948 to be less than 20 per cent. In subsequent years, the rate slowly improved and the figure for 1954 was 34.5 per cent. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern."

In England and Wales in 1955, the percentage of infants under the age of one year, who were vaccinated, was only 36.4 per cent and the figure for 1956 was 38.4 per cent. This is *still* far below what may be regarded as satisfactory ; the aim should be to see that every healthy infant is vaccinated—not only because routine vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the general immunity against this disease in not sufficient to prevent an epidemic.

It is therefore all the more important that primary vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the *first vaccination* is put off until adolescence or later, there may be a slight risk ; but this is, of course, all the more reason for vaccinating the child in infancy—especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy—preferably about the third month.

" The acceptance " rates for infant vaccinations vary considerably in different parts of the country. In this district, the percentage of children under the age of one year, who were vaccinated, was 46.3 per cent.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free ; and this procedure, done as a routine at least once on all children primary vaccinated in infancy, would substantially diminish the chances of rapid spread of smallpox.

The Chief Medical Officer to the Ministry of Health has said "the routine re-vaccination of children of school age is a useful measure as a follow-up of a primary vaccination done in infancy, but the total number of such re-vaccinations done in 1954 was slightly fewer than in 1952 and only a little greater than 1950 ; these being years in which, as in 1954, the figures for this age group were not markedly influenced by outbreaks of smallpox." In 1952, he had said that the total number of school children re-vaccinated over the whole country suggests that not more than one in twenty-five of the children entering or leaving school, who had been primary vaccinated in infancy, were re-vaccinated. So it is hardly surprising that the Ministry is now strongly urging that re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, two hundred and seventy-two vaccinations against smallpox were carried out.

Vaccination	Pre-School Children	School Children	Over 15 years of age
Primary ...	176	6	8
Re-vaccination ...	6	20	56
Total ...	182	26	64

Diphtheria Immunisation

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education.

"Outbreaks of diphtheria in 1955 emphasize that if the proportion of unimmunised persons is high, a diphtheria infection can gain momentum."

In the under 1 age group, there were 3 cases with 1 death ; in the 1–4 age group, there were 8 deaths in 60 cases (13.3%) ; in the 5–9 age group there were 4 deaths in 100 cases (4%) and in the 10–14 age group there were 3 deaths in 64 cases (5%). The need for early immunisation and for the booster dose is stressed by these figures.

A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school (5–9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours children and are more afraid of illnesses they know than of the dangers of diphtheria.

If parents leave their children unprotected, there may well be other outbreaks.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return of high mortality ; but a vigorously continued immunisation programme, combined with existing methods of epidemic control may free us entirely from the disease except for the occasionally imported case.

The Ministry of Health recommends that all children should be immunised before their first birthday—preferably at the age of seven or eight months and that they should receives a "booster" or re-inforcing dose just before entering school, and again every four five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and reinforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the diseease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping up to maintain its full efficiency. So children should be immunised in the first year of life and haqe their first "topping-up" before reaching school age.

In England and Wales, the percentage of babies under the age of one year immunised during the year 1955 improved again to 36.7, this figure compared with 36.1 per cent in 1954, 30.4 per cent in 1953 and 27.8 per cent in 1951. Although the percentage of children immunised before their first birthday shows some improvement on previous years, it is still barely half the number considered advisable to ensure adequate and continuing community protection.

In this district 74.5 per cent of the children, born during the year 1955, were immunised before they attained the age of one year.

Although children up to five years of age are the most susceptible age group, all under fifteen should be immunised.

During the year, three hundred and eighty immunisations against diphtheria were carried out :—

Immunisation	Pre-School Children	School Children
Primary	5	–
Re-inforcing or "Boosters" ...	7	77
Combined Primary ...	183	10
"Combined Booster"	11	54
Triple Primary ...	30	3
Total	236	144

The following tables gives the annual incidence and mortality from diphteria since 1939 :—

	1939	1940	1941	1942	1943	1944	1945	1946	1947
Cases ...	7	4	3	...	4	1	2	1	...
Deaths ...	...	...	...	...	...	...	...	...	...
	1948	1949	1950	1951	1952	1953	1954	1955	1956
Cases ...	...	...	...	...	1	...	...	...	...
Deaths ...	...	...	...	...	...	...	...	...	...

It is satisfactory to record that there have been no deaths from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners in this district commenced in 1935.

WHOOPING COUGH IMMUNISATION

This Council was the first Council in Hampshire and, indeed, one of the first in the country, to adopt a Whooping-Cough Immunisation Scheme. The Council's Scheme for Whooping Cough Immunisation by general practitioneers was commenced in 1942.

At the beginning of 1955, the Hampshire County Council's Scheme for Whooping-Cough Immunisation began operating throughout the whole of Hampshire.

The Scheme includes combined immunisations against Whooping-Cough and Diphtheria as well as immunisation against Whooping-Cough alone ; but it does not provide for the immunisation against Whooping-Cough alone after the age of five years.

Combined Whooping-Cough and Diphtheria immunisation, with or without tetanus, is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisation against three infections.

While Diphtheria Immunisation has been commenced generally at the seventh or eighth month, Whooping-Cough Immunisation is usually started much earlier—at about the third or fourth month of infancy—and, according to authorities, there is no reason why Diphtheria immunisation also should not be begun at an earlier age.

During the year, Two hundred and Ninety-Two immunisations against Whooping-Cough were carried out :—

Immunisation	Pre-School Children	School Children
Primary	–	–
Re-inforcing or "Boosters" ...	–	1
Combined Primary ...	183	10
"Combined Booster"	11	54
Triple Primary ...	30	3
Total	224	68

TUBERCULOSIS

At the end of the year, the total number on the register was Two-hundred and Nineteen.

The following table gives the number of cases of Tuberculosis registered in the district at the beginning and end of 1956 :—

	Respiratory			*Non-Respiratory*		
	M	*F*	*Total*	*M*	*F*	*Total*
Number on Register at beginning of the year (1956)	85	49	134	30	32	62
New additions to the register during the year	21	12	33	2	1	3
Removals from the Register during the year	2	4	6	2	5	7
Number on Register at end of the year (1956)	104	57	161	30	28	58

Analysis of new cases and deaths according to age groups :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 1	—	—	—	—	—	—	—	—
1 - 5	3	1	—	—	—	—	—	—
5 - 15	5	—	—	—	—	—	—	—
15 - 25	2	2	—	2	—	—	—	—
25 - 35	3	5	—	—	—	—	1	—
35 - 45	4	—	2	—	—	—	1	—
45 - 55	1	2	—	—	—	—	—	—
55 - 65	3	2	—	—	1	—	—	—
65 and over ...	—	—	—	1	—	—	—	—
Age unknown ...	—	—	—	—	—	—	—	—
TOTALS ...	21	12	2	1	1	—	2	—

SCABIES

Facilities for the treatment of Scabies are available at Portsmouth Disinfectation Clinic.

Appointments for cases requiring treatment are made through this department.

Scabies should be regarded as a family infection ; and all members of the same family should present themselves for treatment simultaneously—whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

PEDICULOSIS

Where necessary, cases of Pediculosis (head lice) may be referred for treatment, by special appointment, at any of the following centres :—

Fareham
Eastleigh
Petersfield

whichever is the most convenient.

Pediculosis should also be regarded as a family infection ; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the family would receive immediate treatment and that there would be no further spread of infection to others.

NATIONAL ASSISTANCE ACT

No official action was taken under Section 47 of the National Assistance Act, 1947, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

A certain number of other cases, brought to the notice of this department, were investgated; but these were referred to the Area Welfare Officer, who was able to make other arrangements.

The assistance given by the General Practitioner, the Welfare Officer, Public Health Inspectors and Health Visitors, is greatly appreciated in these difficult and distressing cases.

HOME HELP SERVICE

Applications for Home Helps, should be made to the District Organiser, Home Help Office, Westbury Manor, Fareham.

HEALTH VISITING

There has been a lot of publicity lately about the work of the Health Visitor—and rightly so—for some people do not even realise the fact that she is a qualified nurse. On that account it was at a Medical Conference that her designation should be changed to that of " Health Nurse."

In the circumstances, it is felt that a brief description of her duties and training, together with an outline of the views expressed by the Working Party's recent report on " Health Visiting " are specially indicated.

First of all, who and what is a Health Visitor ?

She is a State Registered Nurse with an additional qualification in midwifery and with the Health Visitor's certificate of the Royal Society of Health. Her qualifications are prescribed by the Regulations of the Ministry of Health. Her total training occupies a period of at least four and a half years (and it may extend over five and a half years). She is a health-teacher with an expert knowledge of the care of children and of expectant and nursing mothers, and is an essential field-worker in preventive medicine. Her work includes the care of the aged and advising on the health of the community as a whole and on the measures necessary to prevent the spread of infection. Many health visitors in addition carry out the duties of the school nurse or of the tuberculosis visitor. She is a most important link between the Public Health Department and the general practitioners ; and it is hoped that in future she may work in even closer contact with the family doctor so that he can readily call upon her services should a family require them.

This and many other recommendations were made by a working party appointed in 1953 by Ministers of Health and Education in England and Wales and the Secretary of State for Scotland—under the Chairmanship of Sir Wilson Jameson—to advise them generally on health visiting. The report was unanimous and there was general agreement that the main function of the health visitor should be educational and advisory. Nearly all witnesses supported the view that the health visitor should not undertake nursing and midwifery duties.

The value of visiting mothers and children in their homes—as distinct from clinic contacts—for the purpose of education or advice was stressed.

Specialisation of health visitors was deprecated by the working party, as it meant an increase in multiple visiting of homes. Whilst there was a need in the health and welfare services for social workers with specialised functions, these were "single-purpose" visitors, called in to help with a special problem ; on the other hand, the only general purpose social worker should be the health visitor, who already had easy access to the home and acted as adviser to the whole family. She will be in a position to recognise situations in which the expert help of specialised social case workers is needed and should co-operate fully with them.

The importance of the health visitor's part in educating the tuberculous patients and their families about the nature of the disease and the prevention of infections, as well as in persuading contacts to attend for examination, was emphasised. They all agreed that the Health Visitors had an important function to perform in the home supervision of tuberculous patients and that she should always be employed as the school nurse in her area.

All witnesses welcomed a closer association between Health Visitors and General Practitioners. The Health Visitor would be able to get in touch with all available social agencies that could help the doctor's patient. In co-operation with nurse and midwife, she was likely to be most useful to the General Practitioner, in his dealings with mothers and children—especially in infant feeding problems, with the tuberculous and with the old and handicapped, because her training and experience will specially fit her for this.

Regarding the question of combined duties—by which Health Visitors act as home nurses or midwives, or both—the Working Party, after considering a mass of conflicting evidence, noted that those in favour of combined duties were heavily outnumbered and concluded that there was insufficient grounds for recommending that combined work should be regarded as a general principle or that the practice should be more widely extended.

In this connection and since the publication of the Working Party's report on "Health Visiting," the County Council has recommended that the employment of Generalised Duty Nurses—who will carry out the combined duties of Health Visitor, District Nurse and Midwife—shall be *extended* in rural areas where considered "appropriate."

It is the County Council's policy to appoint a Generalised Duty Nurse to cover Exton, Warnford and West Meon in this district and East Meon Parish in Petersfield Rural District.

THE REPORT OF THE SURVEYOR AND CHIEF PUBLIC HEALTH INSPECTOR

SANITARY CONDITIONS OF THE AREA

Water Supply

The completion of recent water schemes and extensions of existing sources of main water has brought a piped supply to all Parishes in the Rural District, but outlying premises still have to rely on wells and stored rain water for domestic use.

A private main serving agricultural holdings and dwellings in the Curbridge area of Wickham Parish was substituted by an extension of the Southampton Corporations Water Undertaking's supply and provided mains water to additional properties in the area.

The Portsmouth and Gosport Water Company and the Southampton Corporation are the Statutory Water Undertakers. Frequent samples were taken during the year which proved satisfactory in every case.

Drainage aand Sewerage

Southwick remains the only parish with main sewerage but preparations for the long awaited Bishop's Waltham scheme are proceeding. New disposal units for Local Authority and private enterprise housing estates have been constructed, but the conservancy system is still the chief means of drainage for W.C.'s and waste water, and the Council's scheme of providing four free emptyings per year for each cesspool is still in operation.

Public Cleansing

The collection of night soil and the emptying of cesspools is maintained throughout the district, and an allowance of four free emptyings for each cesspool is made during the financial year. The problem of disposal of the contents is an ever increasing one.

The following summary gives particulars of work done during the year under review:—

Cesspool Emptyings	*Cesspool Loads*	*E.C. Emptyings*
4898	8594	141,975

Household refuse is collected by direct labour twice monthly throughout the district with the exception of Bishop's Waltham, Shedfield and Wickham, where it is made weekly.

Salvage

The following amounts of salvageable materials were collected :—

	Tons	*Cwts.*	*Qtrs.*	*Lbs.*
Waste Paper	134	15	–	–
Steel and Iron	52	14	1	–
Mixed Metals	2	10	2	17
Rags and Woollens	5	2	–	15
Miscellaneous Items	2	3	3	9

Bottles ... 423 gross

Tyres ... 67 (in number)

Salvage is collected concurrently with refuse. The total receipts were £1,711 3s. 3d.

Comparative figures of waste paper collection are set out below :—

	1954	*1955*	*1956*
Weight	9 tons, 7 cwts.	74 tons, 1 cwt. 3qtrs. 14lbs.	134 tons, 15 cwts.
Receipts	£80	£634 5s. 1d.	£1,019 5s. 7d.

It will be seen that the marked upward trend in income, resulting from the introduction of a bonus scheme in 1955, has continued in 1956. The negotiation of a three year contract with the Southampton Waste Paper Company has given a much needed stability to salvage collection.

HOUSING STATISTICS (Public Health)

Inspection of Dwelling-houses during the year :—

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	64
	(b)	Number of inspections made for the purpose ...	153
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	43
	(b)	Number of inspections made for the purpose ...	98
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	34
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation	8

Remedy of Defects during the year without service of Formal Notices:—

Number of defeetive dwelling-houses rendered fit in eonsequenee of informal action by the Loeal Authority or their officers 4

Action under Statutory Powers during the year:—

(a) Proceedings under Seetions 9, 10 and 16 of the Housing Aet, 1936:—

(1) Number of dwelling-houses in respeet of which Notiees were served requiring repairs 2

(2) Number of dwelling houses which were rendered fit after service of formal notiees:—

(a) By Owners ... ... Nil

(b) By Loeal Authority in default of owners Nil

(b) Proeeedings under Publie Health Aets:—

(1) Number of dwellings in respeet of whieh notiees were served requiring default to be remedied 3

(2) Number of dwelling-houses in which defaults were remedied after service of formal notiees:—

(a) By Owners 3

(b) By Local Authority in default of owners Nil

(e) Proceedings under Seetion 11 and 13 of the Housing Aet, 1936:—

(1) Number of dwelling-houses in respeet of whieh Demolition Orders were made ... 27

(2) Number of dwelling-houses demolished in pursuanee of Demolition Orders ... 6

(3) Undertakings given ... ... Nil

Overcrowding

Statutory overcrowding does exist in a minor degree within the area, but, under existing eircumstanees, no direct action is taken; cases are referred to the appropriate Committee for consideration when allocating new houses.

Housing Repairs and Rents Act

Number of inspeetions made 219

New Houses and Buildings

The improvement of housing conditions within the district is shown by the comparative figures for the last nine years :—

Number of Plans approved by the Council

Purpose of Plan	1948	1949	1950	1951	1952	1953	1954	1955	1956
Houses	48	89	30	32	51	58	146	112	148
Additions and Alterations	38	56	67	55	46	52	56	81	52
Conversions and Adaptations ...	15	11	7	14	10	9	6	11	6
Garages	29	36	36	32	41	44	44	101	60
Bathrooms and Drainage Installations	64	56	51	41	49	72	61	100	80
Farm Buildings ...	29	48	38	37	22	22	17	2	1
Sheds and Stores ...	28	12	9	17	12	15	6	13	9
Shops, Halls, Offices, etc.	—	—	—	—	—	—	—	3	11
Housing Layouts ...	—	—	1	—	—	—	3	1	2

The number of new units of housing erected by private enterprise or provided by the Local Authority over the same period was :—

By whom Erected or Provided	1948	1949	1950	1951	1952	1953	1954	1955	1956
By Private Enterprise	19	17	18	14	37	37	47	90	108
By Local Authority—									
(a) Houses ...	84	68	79	40	46	56	72	61	31
(b) Hutments ...	—	—	6	—	—	10	—	—	—

On 31st December, 1956, there were a further sixteen Council Houses in course of erection.

Housing Act, 1949

An increasing number of applications for Improvement Grants towards the cost of improvement and conversion of premises to bring them up to the required standard of fitness for human habitation have been made since the Local Authority decided to implement Section 20 of the Act.

The following table gives the comparative figures for the number of applications and the amount of grants approved for each year :—

Year	No. of Applications approved	New Units of Housing provided	No. of houses improved	Owner Occupiers	Tenanted	Total amounts approved £
1952	4	—	7	2	5	508 (£36 recovered)
1953	2	—	3	—	3	317
1954	14	—	17	5	12	4225
1955	48	4	65	23	46	16210 (£185 unpaid due to withdrawal)
1956	55	1	60	27	34	16132
TOTALS	123	5	152	57	100	£37392

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Under the Milk (Special Designations) (Specified Areas) No. 2) Order, 1954, all milk sold by retail within the Droxford Rural District must be either Tuberculin Tested or Pasteurised.

The Licensing of Producers/Retailers remains the duty of the Ministry of Agriculture, Fisheries and Food, while the licensing of Dealers is the responsibility of the Local Authority.

There is one pasturising plant within the district, supervision of which rests with the District Council on behalf of the County Council following the Delegation of Powers under the Milk and Dairies Regulations.

Licences issued under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 :—

Dealers' (Pasteurisers) Licences to use the designation "Pasteurised" 1

Dealers' Licences to use the designation "Pasteurised" ... 4

Supplementary Licences to use the designation "Pasteurised" ... 10

Supplementary Licences to use the designation "Sterilised" ... 3

Licences issued under the Milk (Special Designation) (Raw Milk) Regulations, 1949 :—

Dealers' Licences to use the designation "Tuberculin Tested" ... 7

Supplementary Licences to use the designation "Tuberculin Tested" 10

Twenty samples of milk were taken during the year and submitted to the Public Health Laboratory, Winchester, for examination. On the whole, results were very satisfactory.

Food Hygiene Regulations, 1955

All food premises within the Rural District were circularised and the attention of occupiers brought to the new standards required by these Regulations.

The results of this publicity and the subsequent talks with proprietors have been most encouraging. Whenever alterations to premises have been contemplated by the owners, the opportunity has been taken to bring their premises up to the required standards.

Meat Inspection

Since the establishment of the Wessex Slaughterhouses Board, all meat inspection for this area is done at the Funtley Abattoir, Fareham, except the inspection of pigs slaughtered at Knowle Mental Hospital for consumption on Crown Property. This slaughterhouse is exempt from licensing

There remains one knacker's yard in the district, which is licensed by the Wessex Slaughterhouses Board on receipt of recommendation from this authority

Food Adulteration

This Section of the Food and Drugs Act, 1938, is operated by the County Council.

Details of the samples taken under the Food and Drugs Act, 1938, during the year ended 31st March, 1957:—

Article	Number taken Genuine	Unsatisfactory
Butter and other Fats	3	—
Drugs	2	—
Milk, Channel Islands	26	—
Milk	72	—
Sausages, Meat and Fish Products ...	6	—
Spirits	5	—
Other Foods	6	—
Total	120	—

The Twenty-six Channel Islands Milk Samples proved to contain an average of 4.64% Fat and 9.06% Non-Fatty Solids and the 72 Milk Samples an average of 4.11% Fat and 8.99% Non-fatty Solids.

RODENT CONTROL

Work on this was maintained throughout the year and block control was carried out—no new major infestations were found.

The following tables give an analysis of the prevalence and control of rats and mice within the district for the twelve months ending 31st March, 1957:—

1. PREVALENCE OF RATS AND MICE.

Type of Property.	(i) Total.	(ii) (iii) (iv) Number of properties in Local Authority's Area.			(v) (vi) (vii) Analysis of Column iv.		
		In which infestation was			Number infested by		
		Notified by Occupier.	Otherwise discovered.	Recorded total of (ii) and (iii)	Rats. Major.	Rats. Minor.	Mice only.
Local Authority's Property (not including houses) ...	12	...	3	3	...	3	...
Dwelling Houses	5839	127	457	584	...	584	...
Business Premises	587	...	9	9	...	9	...
Agricultural Property	550	...	2	2	...	2	...
Total	6988	127	468	595	...	595	...

2. MEASURES OF CONTROL BY LOCAL AUTHORITY.

Type of Property.	No. of properties inspected.	No. of inspections made.	Number of notices served under Section 4.		Number of treatments carried out.				Block treatments of properties in different occupancies under Section 6 (1) or by informal arrangement.		
					By arrangement with occupier.		Under Section 5 (1).			Surface.	Associated sewers.
			Treatments.	Works.	Rats.	Mice only.	Rats.	Mice only.	Number of blocks.	Number of separate occupancies.	Number of manholes treated.
Local Authority's Property	12	44	...	...	34	...	...	...	...	...	...
Dwelling Houses ...	5521	6232	...	...	659	...	...	...	51	5521	..
Business Premises ...	320	384	...	...	37	..	...	...	...	...	...
Agricultural Property ...	510	510	...	...	...	...	...	...	...	...	...
Total ..	6363	7170	...	...	730	...	...	...	51	5521	..

SUMMARY OF INSPECTIONS MADE AND NOTICES SERVED

Building Inspections

Foundations	183
Concrete over site	99
Damp proof Courses	118
Intermediate	459
Drains Tested	320
Final Inspections	123
Buildings Inquiries Inspections	88
Short-Lived Materials Sections 53	35
Council House Inspections	26
Town Planning Inspections	56

Public Health Act, 1936

Drains and Sewer Ditches controlled by the Council	14
Blocked and Insanitary Drains and Cesspools ...	69
Defective and Insanitary Closet Accommodation ...	Nil
Refuse Tips	1
Filthy and Verminous Premises	4
Verminous Persons	3
Disinfestations	2
Nuisances (other than houses) Section 92 ...	4
Re-inspections for the Purpose	2
Water Supply	54
Infectious Diseases (visits)	18
Disinfections	9
Movable Dwellings, Section 269	62
Other Inspections	167

Food and Drugs Act, 1955

Carcases Inspected	68
Inspections, Other Foods	Nil
Food Premises, Section 13	9
Milk Distribution	10
Slaughter-houses and Knackers' Yards	3

FACTORIES ACT, 1937

Power Factories	8
Non-power Factories	3
Out-workers	Nil
Other Premises	1

PETROLEUM REGULATIONS

Inspections	7

MISCELLANEOUS

Rodent Control (by Public Health Inspector) ...	2
Housing Applications	28
Other Visits	167
Civil Defence	4

SAMPLES TAKEN

Water	53
Milk	20
Ice Cream	Nil
Other Samples	114

FACTORIES ACT, 1937

Part 1 of the Act.

1. **Inspections** for the purpose as to health.

PREMISES	Number on Register	Inspections	Number of written Notices
Factories with mechanical power ..	60	8	2
Factories without mechanical power	4	3	—
Other premises under the Act (including works of building and engineering construction, but not including outworkers premises) ...	—	1	1
TOTALS	64	12	3